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from Dr. Leacock's "Principles and  
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CL 9

## THE NAMING AND CLASSIFICATION OF DISEASES OF THE NERVOUS SYSTEM.\*

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PRIMARY CLASSIFICATION.—In all vital processes, as in the phenomena of the universe, there is manifested an adaptation to ends. This teleological law is a fundamental law of life, and the power of adaptation a property of living matter. The adaptation to ends in creation, and the conscious and knowing exercise by man of his body and limbs to the attainment of ends, are both attributed to an agent termed mind. I have, therefore, named the vital force which correlates the teleological law, MIND-FORCE. In accordance with the fundamental law of

\* This classification is founded on the views of the author regarding the anatomy, functions, and diseases of the brain and nervous system, as developed in his systematic and clinical lectures, and in his various monographs. A detailed exposition of them may be found in the author's lately published work, "Mind and Brain," and more particularly in Part VI., vol. ii. In the Appendix will be also found a reference to Monographs. Papers by him illustrative of the diseases of the vasomotor system may also be found in the "Edinburgh Medical Journal" for February and July 1863.

development of living things, whereby the Special arises out of the General, this general teleological property of living matter is specialized and manifested in higher organisms, in a particular tissue made up of cells and connecting fibrils; and this is differentiated into a combination of systems or organs termed the nervous system. The correlative teleological force is termed the *vis nervosa*. By means of this *vis nervosa* the nervous system acts on the tissues and organs of the body in general, and on its own constituent elements, so that their functional activity and the whole of the vital processes are adapted to ends. It acts in attaining this adaptation in a threefold manner; it excites and stimulates; controls and restrains, or "inhibits;" guides and regulates. The teleological force thus operating in tissues is termed the *vis medicatrix* and "nature;" in viscera and organs, the *vis conservatrix*; in limbs and natural weapons, *instinct*; in rational actions, feeling, and thought, the *mind* or *soul*. Following the law of differentiation and evolution, the nervous system is evolved into subordinate "systems," and attains its most complete development in the organs of the human mind. Its diseases are termed NEUROSES.

In man the functions of the cranial portion of

the nervous system, termed the encephalon, are referred to mind, and coincide with various states of existence known as conscious states. When man refers his feelings, and consciously performed actions to his body, they are termed *corporeal*; when not to the body but to the mind, they are *mental*. The nervous diseases which include disorders of the former are termed CEREBRAL, CEREBRO-SPINAL, and SPINAL NEUROSES; but the encephalic diseases manifested by mental disorders, diseases, or defects; are cerebro-mental, and known as VESANIÆ. There are, however, a large class of actions which are not consciously performed, or if consciously, involuntarily. They chiefly concern the great viscera which prepare the materials in which force is stored up to be distributed and given off in the organs of thought and will, and in their own tissues. Their functions are guided, and they are adapted to ends by another division of the nervous system, termed the sympathetic. The diseases of this system are the SYMPATHETIC NEUROSES. The "minor sympathetic," or pneumo-gastric system, belongs partly to the sympathetic and partly to the encephalic and cerebro-spinal systems. It regulates the functions of digestion, respiration, and cardiac

circulation, and its diseases must be considered apart as PNEUMO-GASTRIC NEUROSES. But before complex viscera and compound encephalic centres are evolved, the nutrition of the tissues, and (in organisms which have blood developed in them) the activity of the small arteries and capillaries are regulated, and controlled to ends by a distinct system of nerves and ganglia or ganglionic cells, which, because of its functions, is termed the *trophical* or *vasomotor* system. Although intimately connected with the other systems (being that out of which they are differentiated) it has its own class of neuroses. These, because of the universality of capillary and tissue-change, are of the most fundamental importance in practical medicine.

While the muscles and viscera have their own nerve-centres, through which their functions are regulated and adapted to ends, so also the capillaries of the muscles, viscera, and nerve-centres have their nerve-centres, whereby their nutrition and the circulation of the blood through them are controlled and regulated. These probably extend throughout the cerebro-spinal axis from the hemispheres downwards, and even enter as ganglia into the composition of such organs as the heart and uterus.



All these four groups of neuroses can be subdivided in accordance with the subordinate organs and functions of the systems to which they belong. But in all there are three kinds of function to be considered with their corresponding structures and disease, the afferent, central, and efferent.

THE SEATS OF NEUROSE DEGENERATIONS.—These follow the order of development and anatomy:—  
 1. The primary and essential degenerations are in the two fundamental tissues—the nerve-cells and their connecting fibrils—grouped together in co-ordinating masses, namely, ganglia and commissures. As to the morbid structural changes in the ganglionic cells and commissures, pathological anatomy is almost a blank. 2. Consecutive degenerations of tissue arise from diseases of the capillaries and arteries, as blood carrying-structures. 3. Like degenerations arise from irregular distribution of the blood in consequence of disorder or defect in the vasomotor system of the nerve-centres. This class is almost wholly unknown, because the vasomotor centres of the encephalon and medulla spinalis are unknown; their probable seats are in the medulla oblongata and cerebellum. 4. The degenerations

may be consecutive to structural changes in the investing sheaths of the nerves and ganglia, and in the protecting parietes and membranes of the cerebro-spinal axis. These belong chiefly to the fibrous and sero-fibrous tissues. The pia mater belongs, however, to the vascular tissues, and is probably glandular in its nature, being like a blood-gland spread out. 5. The degenerations may be defects of evolution and development, and not diseases of nutrition. In this case they are usually manifested by defects of development of the containing parietes, more especially of the cranium, or else by defects of function as to the mental faculties. The latter are the congenital mental defects known as idiocy and imbecility. These various degenerations may all be diathetic. Those of the primary nerve-cells and fibrils belong to the so-called nervous temperament and diathesis;\* those of the vasomotor system and the blood-vessels to the neuro-vascular and vascular diatheses (sanguine temperament); those of the serous and sero-fibrous membranes to the rheumatic and fibrinous; those of the pia mater and its appendages, and probably the pituitary body and pineal gland, to the blood and blood-gland diatheses—the strumous and

\* See Lecture III.



lymphatic. Of these diatheses, the nervous and neuro-vascular diatheses are the most important to the pathology of the neuroses.\* The result and coincidence of all degenerations is to modify the production of the *vis nervosa* and the teleological functions of the structures involved.

NAMING OF THE NEUROSES.—Names of nervous diseases are usually drawn from the special symptoms. They may be classed generally under the function disordered, as nutrition, secretion, motion, sensation, thought. The kind of changes in function may be classed under the three heads of exaltation, perversion, and abolition or enfeeblement. To express these respectively, the Greek prefixes *hyper*, *para*, *a*, have been used, as in *hyperæsthesia*, *paræsthesia*, *anæsthesia*. The terms *paresis* and *paralysis* are usually applied to motor neuroses, characterised by enfeeblement or loss of power of motor tissues or organs generally, but paralysis is often used abusively to indicate loss of sensation, or of recipient and afferent power. It applies strictly to abolition of power of voluntary motion. All these terms denoting changes

\* See my Lectures on the Physiognomy of Disease, in "Medical Times and Gazette" for February 1 and 15, and March 1, 1862.

of function are by their very nature vague, because in the course of the same disease of a portion of the nervous system, they will succeed each other or alternate with each other. Thus neuralgia may coincide with anæsthesia, or hyperæsthesia may precede it, and melancholia with mania. Predominant symptoms of neuroses are often indicated in names, as in *apoplexy*, *delirium*, *delirium tremens*; or their supposed cause and seat, as in *meningitis*, *hypochondriasis*. They are also distinguished as they are symptomatic or idiopathic. The symptomatic (a numerous class) are those which constitute a portion of the symptoms of another disease. Thus neuralgic pain in inflammations is a symptomatic neurosis; so also as to the spasmodic cough in pertussis, which is an epidemic disease. The idiopathic neuroses are traceable to no known cause, or to the causes of other diseases, or run their own course, or are due to a definite series of changes, as *insania*, *epilepsy*. Greek words are most commonly used in naming neuroses; the combination of a Latin and Greek term in one name is inadmissible; *e.g.*, *Encephalitis* is more correct than *cerebritis*. The terminal *ia* is indicative of the chronic neuroses.

CAUSES OF THE NEUROSES.—These are either local or general; but whatever they be, the fundamental law of causation is, that the pathological changes follow the physiological order, both as to course and termination. For example, in the *vesaniæ* there is often an evolution or exaltation of function as well as retrocession to lower types of mind. But the natural tendency as to age is to abolition of function, and which is due to structural changes acting on the mechanism. In insanity, so long as *vis nervosa* is produced, and ideation goes on, there is no structural change in the brain. This coincides with the abolition and deprivation of ideas termed *dementia* and *amentia*.

GENERAL CAUSES modify either the nerve-tissue proper (vesicular neurine) or the accessory structures. Those of the former consist primarily in conditions which interfere with the due nutrition and reproduction of the nerve-cells and their connecting fibrils, and with the proper evolution of *vis nervosa*, and more particularly an insufficient amount of nutrient materials in the blood, such as the phosphorised fats. These, however, may be supplied in sufficient quantities for normal activity, but not to keep up

with the waste which follows upon excessive activity and a too rapid production of the vis nervosa ; which in this respect takes the place of a too rapid and wasting production of heat (a correlative force) in the tissues generally. In this way excessive activity of the nervous system, or of portions of it, becomes a highly predisposing cause of the neuroses, as of other general diseases. Excessive use of motor nerves and motor nerve-centres, predisposes to spasm and palsies ; excessive activity of the brain in thought or in emotions, to the vesaniæ. These excesses, when habitual or long-continued, are apt to develope hereditary tendencies. Thus great mental labour, drunkenness, strain on special nerves, and the like, of parents, are often manifested in children as neuroses. Here the influence of the nerve-centres on the nutrient forces of tissues is shewn, as in hereditary insanity, epilepsy, hysteria, angina pectoris, and even gouty diseases in general, which, primarily, are neurose degenerations in the nutrition and transformation of certain tissues. Diathetic tendencies to diseases of the vasomotor system are also thus induced, and therewith structural degenerations of the blood-vessels, and the numerous class of diseases which result therefrom ; for vascular activity is in the most intimate relation to nutrition.



When these vasomotor and vascular changes take effect in the nerve-centres themselves, the functions and diseases of those centres are affected accordingly. An incurable form of mania with general paralysis is a typical example. The blood-degenerations in general have important causal relations to the functions of the nervous system. Hence cachectic states are frequent predisposing and exciting causes of neuroses; the nutrition of special nerves and nerve-centres, already enfeebled by other causes, is still farther modified by morbid blood-states. At the close of grave diseases this is a very common cause of death, as in the vasomotor paralysis of the vessels of the lungs and brain, in the so-called cases of uræmic poisoning and in serous apoplexy. The functions of the pia mater are not yet understood, but there is reason to think that it belongs to the class of blood-glands like the thyroid, thymus, and spleen; it has obviously close functional relations with the nutrition of the vesicular neurine, through the blood on the one hand, and its own vasomotor system on the other. In this way, general cachectic states may become suddenly influential on the encephalon, and consciousness be modified by the sudden interruption of encephalic transformation and production of *vis nervosa*

through the pia mater. Changes also in the vasomotor system so modify arterial nutrition that heat is produced morbidly in tissues, and in its turn modifies their activity. In this way nervous pulsations and palpitations arise in the large arteries and the heart from vasomotor changes; as in anæmia and chlorosis, or in cases of "sick headache," and the like. These, owing to the defective nutrition of the arteries, are accompanied by a vibratory movement of the tube; but when there is no antecedent defect of this kind, the pulsations have no vibrating murmur, and there is a large access of blood to the tissues (congestive hyperæmia). When this change takes place suddenly in the vasomotor nerves and nerve-centres of the encephalon (as, for example, during sleep), sudden neuroses arise, as congestive apoplexies, epilepsies, strokes, seizures.

Age modifies in every individual the activity and nutrition of the nervous system and its vessels, and consequently its diseases. This is chiefly shown as to functional activity at periods of development, but as to nutrition at periods of decline. Sex modifies all the neuroses, not only by the influence exercised on the activity of the nerve-centres by the genetic glands, but also through those primordial laws which



determine the sex *ab ovo*. Woman differs diathetically from man in this respect. Employments, and social and individual conditions arise out of differences of sex, which also profoundly operate as general causes upon the whole system or on subordinate systems. These belong to hygiene.

Complex general causes are very common in general diseases of the nervous system. Its central position amongst the tissues and viscera necessarily implies that it shall be involved more or less in their diseases. Perhaps one of the most important, and the least known class, arises from the reciprocal relations of the nerve and blood systems. It seems probable that morbid states of the nervous system influence profoundly the constitution and functions of the blood-corpuscles as well as of the capillaries and the tissues in general.

The LOCAL CAUSES of neuroses are of two kinds :  
1. Those which, seated locally in the body, act both on the local nerve-tissue and on the nerve-centres with which it is connected ; and, 2. Those in which the disorder or disease of nerve-tissue does not extend from the part implicated, as in rheumatic neuritis of the sciatic nerve. These local causes of neu-

roses follow, nevertheless, the general laws of the local causes of other constitutional diseases. In considering these, it is necessary to remember that the term local is of wide application; for a morbid nutrition of a nerve-fibril often extends from the periphery upwards and from the centre downwards, along its whole course, and involves the vesicular neurine, whether sensory or motor, with which it is connected. And, in like manner, the nutrition of commissural fibrils and ganglia will follow the line of physiological action of the *vis nervosa*, so that what are strictly local diseases are also focal diseases, and really exciting causes of more general disorders. The etiology of the neuroses as to this class of causes is almost a blank.

#### ETIOLOGICAL NOSOLOGY AND INDEX OF DISEASES OF THE NERVOUS SYSTEM. NEUROSES.

##### 1. GENERAL NOSOLOGY.

##### A. Nervous Diseases classed according to disorder of function. (Symptoms.)

##### 1. TISSUE NERVOUS DISEASES. TROPHESIAE, TROPHO- NEUROSES.\* Manifested by changes in the

\* See this word in "Mayne's Expository Lexicon." I have formed the class *trophesiae* to find a distinct place for the new and important group of diseases of the small arterics, capillaries, and

nutrition and transformation of tissues and in capillary function.

2. MOTOR NERVOUS DISEASES. KINESIÆ. Motor diseases and defects manifested in the voluntary and involuntary muscles. *a.* Spasmodic diseases, *Hyperkinesie*. *b.* Diseases of trembling and disorderly movement, *Parakinesie*. *c.* Palsies, due to loss of power over, or nutrition of, muscles, *Akinesie*.
3. SENTIENT NERVOUS DISEASES. ÆSTHESIÆ. Diseases and defects of sensibility, sensation, and perception. *a.* Excessive sentiency, *Hyperæsthesie*. *b.* Morbid pain, *Neuralgia*. *c.* Perverted sentiency, illusions of sensation and perception, *Paræsthesie*. *d.* Insentient diseases, palsies of sensibility, sensation, and perception, *Anæsthesie*.
4. MENTAL DISEASES AND DEFECTS. VESANIÆ.

*B.* Neuroses classed according to ganglionic seat, or portion of the nervous system involved in disorder or degeneration.

1. TROPHICAL or VASOMOTOR. 2. SYMPATHETIC.
3. PNEUMOGASTRIC. 4. SPINAL. 5. INTRACRANIAL VASOMOTOR. 6. CEREBRAL. 7. CEREBRO-MENTAL.

*C.* Neuroses classed according to the nature and causes of disorders and degenerations.

1. PYRETTIC. Febrile and inflammatory neuroses.
2. DIATHETIC. Nervous diseases due to constitutional causes: Strumous, gouty, rheumatic, hysterical, neuralgic.
3. CACHECTIC. Nervous

tissues, which are primarily dependent upon changes in the nervous system, and thus facilitate the study of them.

diseases due to degenerations of the blood or of special tissues. 4. CONSECUTIVE. Following upon visceral affections and diseases of nerves.

## 2. SPECIAL NOSOLOGY.

I. TROPHESIAE. Vasomotor or trophical neuroses, manifested as diseases and defects of nutrition, transformation of tissues, arterial action, and capillary function.

1. GENERAL TROPHESIAE. Trophical or vasomotor neuroses, manifested in tissues generally, or in particular systems. *a.* Manifested in tissues generally : (*a*) *Hyperæmia*, nervous congestion ; (*b*) *Thermogenia*,\* or nervous heat ; (*c*) *Oligæmia*, or nervous pallor (capillary anæmia) ; (*d*) *Rigors*, nervous coldness. *b.* Manifested in systems : (*a*) *Sympathetic* ; (*b*) *Spinal*, including the *inter-vertebral* system ; (*c*) *Intra-cranial*.

2. CONSTITUTIONAL TROPHESIAE. Vasomotor or trophical neuroses, dependent either on diathetic predispositions or on cachectic states. *a.* *Neurose Heredity*, neuro-vascular diathesis. *b.* *Neurosis* or "nervousness." *c.* *Neuræmia*. *d.* *Hysteria* (feminine neurosis).

3. VISCERAL TROPHESIAE. Vasomotor or trophical neuroses manifested in the visceral systems. *a.* *Neurose hyperæmia*. *b.* *Neurose oligæmia*. *c.* *Neurose œdema* (dropsy of cellular tissues). *d.* *Serous fluxes* : (*a*)\* into serous sacs (neurose dropsies) ; (*b*) from free surfaces (white hæmorrhages) ; i. Mucous fluxes ; ii. Watery fluxes (as nervous coryza) ; iii. Neurose albuminuria.

4. SPINAL TROPHESIAE. Vasomotor neuroses asso-

\* See for this word, "Mayne's Expository Lexicon."

ciated with morbid functional activity of the spinal and intervertebral ganglia, as well as of the sympathetic, and manifested in the arterial and capillary system of the skin and limbs.

- a.* **MUSCULAR TROPHESIÆ.** Vasomotor neuroses of the tissue of voluntary muscles, from defective functional activity of the vasomotor ganglia of spinal cord ? (*a*) Muscular neuralgia : i. Spasms and cramps ; ii. Fidgets ("anxietas tibiæ") ; iii. Neuralgic paresis ; (*b*) Wasting palsy (Roberts). *Synonyms* : Creeping palsy, partial or local palsy, atrophie musculaire, atrophie musculaire progressive, paralysie musculaire atrophique, fatty muscular degeneration : i. General ; ii. Symmetrical ; iii. Local (restricted to a limb or set of muscles).
- b.* **ARTERIAL NEUROSES.** Spinal vasomotor neuroses of special arterial systems, or of particular arteries ; (*a*) Pulsations ; (*b*) arterial neuralgia ; (*c*) painful throbbings : i. hysterical ; ii. hæmorrhagic ; iii. Pyretic : iv. Sympathetic or consecutive ; *a.* Hemispheres ; *b.* Cephalæa.
- c.* **CUTANEOUS TROPHESIÆ.** Vasomotor neuroses of the skin. (*a*) *Heat and Flushings.* (*Æstus Volaticus* :) i. simple ; ii. with congestive inflammations (Erythema *Evanidum*, etc.) (*b*) *Neuralgia* : i. Cutaneous hyperæsthesia ; ii. Capillary *neuralgia* ; *a.* with congestive inflammations ; *b.* with effusive ; (*a*) Symmetrical herpes ; (*b*) Anæsthetic leprosy ; (*c*) With nigrities (hysterical) ; (*d*) Venous or livid ; (*e*) Hæmorrhagic (nervous hæmophilia) ; (*f*) Gangrenous. (*c*) *Cutaneous capillary paresis* without pain ; i. hyperæmia ; ii. with hæmorrhage : *a.* diathetic ; (*a*) in hæmorrhagic diathesis ; (*b*) hysterical neuræmia ; (*c*)



in purpura hæmorrhagica ; iii. Nervous œdema ; *a.* Local ; *b.* Symmetrical ; (*a*) Palpebral (of eyelids) ; (*b*) Precordial ; (*c*) Lumbo-sacral ; (*d*) Paraplegic ; (*e*) Hemiplegic ; (*f*) Febrile (acute anasarca). (*d*) *Spasm of cutaneous capillaries? and of small arteries.*  
 i. Nervous pallor (capillary anæmia, oligæmia) ; *a.* Local ; *b.* Symmetrical ; ii. White inflammation ; \*  
 iii. Retrocedent or "metastatic" œdema.

II. SYMPATHETIC NEUROSES.—Seated in the ganglia of the sympathetic system. Symptoms manifested as pain and spasm in the glands and viscera it supplies. Frequently associated with vasomotor neuroses.

1. MESENTERIC NEURALGIÆ.—Painful spasmodic and paralytic neuroses, manifested in the intestines. (*a*) Spasmodic colic, peristaltic spasm ; (*b*) Spasmodic stricture ; (*c*) Volvulus ; (*d*) Spasmodic Ileus (anti-peristaltic spasm) ; (*e*) Lead colic : i. Paroxysmal ; ii. Continuous ; iii. Abdominal ; (*f*) Febrile (malarious and miasmatic) ; (*g*) Inflammatory.

2. HEPATIC NEURALGIÆ. Cystic spasm ; Splenalgia.

3. GENITO-URINARY NEURALGIÆ. (*a*) Nephralgia ; (*b*) Spasm of ureters ; (*c*) Spastic dysuria ; (*d*) Spasmodic stricture ; (*e*) Neuralgic spasm of vulva (*Pudendagra*) ; (*f*) Neuralgic spasm of anus (*Proctalgia*) ; (*g*) Ovarian neuralgia ; (*h*) Hysteralgia, neuralgic menstruation ; (*i*) Irritable testis. The neuralgia of the outlets are often conjoined with spinal neuroses.

III. PNEUMOGASTRIC NEUROSES.—Nervous diseases having their seat in the pneumogastric system, manifested in the organs and mechanism of circulation, respiration,

\* See Naming and Classification of Diseases of the Skin, p. 301.



and digestion, and as morbid corporeal appetites and emotional actions.

1. ALIMENTARY NEUROSES.—Neuroses of the pneumo-gastric system, involving alimentation, digestion, and the appetites for foods and drink. *a. Trophesicæ*: (*a*) Dyspepsia; (*b*) Apepsia; (*c*) Glycosuria (diabetes mellitus). *b. Æsthesicæ*: (*a*) Epigastric “sinking;” (*b*) Flatus; (*c*) Pyrosis; (*d*) Gastrodynia: i. Continuous (neuralgic dyspepsia); ii. Paroxysmal. *c. Kinesicæ*: (*a*) Visceral: i. Spasmodic gastric neuralgia; ii. Pyloric neuralgia; (*b*) Æsophageal: i. Spasmodic Dysphagia; ii. Globus; iii. Ructus; iv. Ruminatio; (*c*) Muscular: i. Hiccup; ii. Nervous vomiting: *a*. Gastric; *b*. Spinal or sympathetic; *c*. Encephalic. *d. Vesanicæ*: Symptomatic affections of the appetites for food and drink: (*a*) Polydipsia; (*b*) Frequent sipping; (*c*) Hydrophobia: i. Epizootic; ii. Hysterical; iii. Hypochondriacal; (*d*) Adipsia; (*e*) Bulimia; (*f*) Pica: i. Dietectic; ii. Puerperal; iii. Hysterical; (*g*) Inappetence; (*h*) Nausea: i. Vertiginous (sea-sickness); ii. Hysterical; iii. Diathetic (“antipathies”).
2. CARDIAC NEUROSES.—*a. Æsthesicæ*: (*a*) Cardiac Neuralgia: i. Coronary (angina pectoris); ii. Aneurismal; iii. Emotional (heart-ache). *b. Kinesicæ*: (*a*) Spasmodic Neuralgia (Spurious Angina Pectoris); (*b*) Cardiac Palsy; (*c*) Nervous Palpitations: i. Hysterical; ii. Chlorotic; iii. Exophthalmic; (*d*) Nervous Pulsations: i. Sternal; ii. Epigastric; iii. Cervical; iv. Thyroideal. (These are also vasomotor neuroses.)
3. RESPIRATORY NEUROSES.—Nervous diseases of the

visceral respiratory system. *a. Kinesicæ*; (*a*) Spasmodic Gasp (nervous Hydrophobia); (*b*) Spasmodic (or paralytic?) croup (Laryngismus stridulus); i. Epileptiform; ii. Febrile; (*c*) Spasmodic Asthma; i. Simple; ii. Toxic; iii. Complicated. (*d*) Spasmodic sneezing; (*e*) Spasmodic cough (Tussis Ferina). *b. Æsthesicæ*; (*a*) Pruritus (tickling); (*b*) air-hunger; (*c*) Apnoë. *c. Vesanicæ*; Due to centric changes in the respiratory system, often hysterical, and associated with other diseases; (*a*) Laughter; (*b*) Weeping and sobbing; (*c*) Sighing; (*d*) Panting; (*e*) Ejaculating; (*f*) Shuddering; (*g*) Yawning; (*h*) Mutitas (nervous dumbness); (*i*) Stuttering.

IV. SPINAL NEUROSES.—Nervous diseases having their seat in the spinal cord as a conductor to and from, and as a series of centres to the vasomotor, sympathetic, and voluntary systems of motion.

1. SPINAL ÆSTHESIÆ.—*a. Hyperæsthesia*; morbid sensibility of the skin. *b. Paræsthesiæ*; illusive sensations of the skin and sense of touch. *c. Anæsthesia*; Abolition of sensibility, usually symptomatic of disease of the spinal cord, of its membranes, and of the intervertebral ganglia (or posterior roots).

2. SPINAL NEURALGIÆ.—Nerve-aches, paroxysmal or continuous, due to diseases of the spinal sensory nerves and centres. *a. Inflammatory Neuralgie, Neuritis*; (*a*) Traumatic; (*b*) Gouty and Rheumatic; (*c*) Syphilitic; (*d*) Depositive (neuroma).—These are often anæsthetic also. *b. Cranial Neuralgiæ*, usually congestive and

symptomatic. (*a*) Head-aches : i. Frontal ; ii. Coronal ; iii. Occipital ; iv. Hemierania (Clavus) ; v. Cephalæa. *c*. Trifacial neuralgiæ ; (*a*) Anæsthetic ; (*b*) Spasmodic ; (*c*) Otagia. *d*. Vertebral neuralgiæ ; (*a*) Cervico-occipital ; (*b*) Cervico-brachial ; (*c*) Dorsal : i. Sternal Neuralgia ; ii. Mammary (Mastodynia) ; iii. Intercostal (Pleurodynia) ; iv. Inter-scapular ("Spinal tenderness") ; v. Dorso-lumbar (Rachialgia) ; vi. Sacral (Coccyodynia). (*e*) Sciatic Neuralgiæ—Neuralgiæ seated in the great sciatic nerve and its branches : i. Glutæal ; ii. Posterior crural ; iii. Anterior crural ; iv. Peroneal ; v. Plantar. (*f*) Articular neuralgia, Arthralgia : i. Hysterical ; ii. Toxic (lead, mercury) ; iii. Sympathetic ; iv. Cachectic.

3. SPINAL KINESIÆ. *a*. *Hyperkinesia* ; (*a*) Spasmodic neuralgia (spinal Tic) ; (*b*) Finger-spasms (Spasmus Scriptorius) ; (*c*) Limb-spasms : i. of extremities ; ii. Torticollis ; iii. Trismus ; iv. Exophthalmos ; (*d*) Tetanus (vasomotor ?) : i. Pyrectic ; ii. Traumatic ; iii. Toxic ; iv. Hysterie ; v. Idiopathic (rheumatic or gouty ?). *b*. *Parakinesia* ; (*a*) Tremors ; (*b*) Shaking palsy ; (*c*) Local chorea. *c*. *Akinesia*. 1. *Palsies*—For the most part symptomatic of centric, spinal, or encephalic neuroses. *a*. Neuralgic and Anæsthetic Palsy : (*a*) Facial ; (*b*) Lead Palsy. *b*. Wasting Palsy (a Trophesia). *c*. Paraplegia : (*a*) Inflammatory ; (*b*) Functional ; (*c*) Structural. *c*. Sphincter Palsies. 2. *Pareses* ; *a*. General Pareses. *b*. Local Pareses (Ptosis, Lagophthalmos, etc.) *c*. Unbalanced Paresis : (*a*) Spinal

curvature ; (b) Paralytic torticollis ; (c) Clubbed hands and feet ; (d) Stroke-palsies.

4. PYRECTIC SPINAL NEUROSES.—Inflammations and febrile congestions of the intra-spinal structures.

*a. Spinal Meningitis*—Inflammation of the membranes of the cord, more particularly the pia mater : (a) Idiopathic (rheumatic or gouty ?) ; (b) Epidemic ; (c) Intermittent or malarious ; (d) Traumatic. *b. Myelitis*—Inflammation (or congestion ?) of the cord : (a) Idiopathic ; (b) Hæmorrhagic (spinal apoplexy) ; (c) Traumatic—from concussions and wounds ; (d) Consecutive (to adjoining diseases).

5. CACHECTIC SPINAL NEUROSES.—Neuroses, chiefly forms of Paraplegia, from structural degenerations of the membranes, blood-vessels, and tissue proper of the spinal cord.

V. INTRA-CRANIAL VASOMOTOR OR CAPILLARY NEUROSES.—

Neuroses, seated primarily in the vasomotor centres of the encephalon (cerebellum and medulla oblongata ?), and manifested by transient abolition or defect of corporeal consciousness and voluntary action.

1. ENCEPHALIC HYPERKINESIÆ.—General convulsive diseases. *a. Hysterics* : (a) Emotional ; (b) Epileptic. *b. Eclampsia*, convulsive fit (Symptomatic Epilepsy) ; (a) Dentitional ; (b) Puerperal ; (c) Visceral ; (d) Hæmic. *c. Epilepsy* (Recurrent Eclampsia) ; (a) Typical ; (b) Paræsthetic (with aura and other illusions) ; (c) Imperfect or partial (minor fit) ; (d) masked (*Epilepsia larvata*) : i. delirious ; ii. maniacal ; iii. dreamy.

2. ENCEPHALIC PARAKINESIÆ. *a. Perversions of voli-*

tion and co-ordination of muscles, without change in consciousness ; (*a*) Chorea ; (*b*) Scelotyrbe (Jactitations and gesticulations). *b*. With ideational changes ; (*a*) Automatic actions ; (*b*) Involuntary imitation ; (*c*) Motus Vertiginosi : i. rotatory ; ii. dromical or running ; iii. back-stepping. (*d*) Mental Epilepsy, sudden uncontrollable impulses to perform actions (an *insania*).

3. ENCEPHALIC AKINESIA.—Functional abolition of volition, with or without abolition of consciousness ; *a*. Catalepsy, limbs pliable ; *b*. Catochus, limbs rigid ; *c*. Carus or Cataphora, deep sleep without stertor ; *d*. Trance, motionless sleep with dreaming ; *e*. Leipothymia (Paroxysmal faintness).

VI. CEREBRAL NEUROSES.—Diseases of the encephalon, seated primarily in the encephalic nerves and ganglia, their membranes, and blood-vessels, involving volition and ideation, but not cerebro-mental.

I. SENSORIAL CEREBRAL NEUROSES.—Diseases of the nerves of the special senses, and their ganglia, for the most part symptomatic ; *A. Percipient Neuroses*, Diseases of the cerebral nerves and their ganglia, involving the perceptions and perceiving power.

1. TACTILE NEUROSES.—Of the sense of touch ; *a*. *Hyperaesthesia*, cerebral sensitiveness of the skin ; *b*. *Paræsthesia*, illusions of touch and temperature ; *c. Anæsthesia* ; (*a*) Tactile paresis (as to weight and resistance) ; (*b*) Thermal Anæsthesia (as to heat and cold) ; (*c*) Sensational.



2. CORPOREAL-SENSE NEUROSES.—*a.* Neuralgiæ of indefinable seat ; *b.* illusions of size of body ; *c.* illusions of space, floating, inversion, etc., illusions of the *ego*, duplex and triplex consciousness.
  3. GUSTATORY NEUROSES.—*a.* *Parageusia*, illusions of taste ; *b.* *Ageusia*, loss of taste.
  4. OLFATORY NEUROSES.    *a.* *Parosmia*, illusions of smell ; ii. *Anosmia*, loss of sense of smelling.
  5. AUDITORY NEUROSES.    *a.* Hyperæsthesia, acuteness of hearing ; *b.* *Paracusis*, dulness of hearing (from defective accommodation of tympanum ?) ; *c.* Nervous deafness ; *d.* Paræsthesia ; (*a*) Peripheral (*Susurrus* or tinnitus) ; (*b*) Centric (*Spectral voices*.)
  6. OPTICAL NEUROSES.—*a.* *Hyperæsthesiæ* ; (*a*) Photophobia ; (*b*) Chromatophobia.    *b.* *Paræsthesiæ*, optical illusions ; (*a*) Photopsis ; (*b*) Chromatopsis ; (*c*) illusions as to size of objects ; (*d*) Phantasma (spectral forms).    *c.* *Anæsthesiæ*, blindness ; (*a*) total Amaurosis ; (*b*) partial ; i. Hemeralopia ; ii. Nyctalopia ; iii. colour-blindness, Dyschromatopsis.    *d.* *Amblyopia*, defective vision from defective accommodation of organ ; (*a*) Dyplopia ; (*b*) Myopia ; (*c*) Presbyopia.
- B. Ideational Neuroses*—Transitional Vesaniæ, as to morbid changes in the feelings and thoughts.    1. *Hyperæsthesia*, irritability of temper.    2. *Phrenalgia*, mind-pain ; (*a*) depression of spirits ; (*b*) Hypochondria.    3. *Paræsthesiæ*, delusions and delusive feelings ; (*a*) Euphoria, delusions as to bodily health ; (*b*) Hallucinations (perceptual delusions of the senses) ; (*c*) *Delirium*, incoherence of ideas with hallucinations, delusions, and illusions ; i. Febrile and inflammatory, muttering, busy, phrenalgic ;



ii. Cachectic ; iii. Puerperal ; iv. Traumatic ; v. Hysterical ; vi. Epileptic ; vii. Methystic ; viii. Maniacal ; ix. Toxæmic. 4. *Anæsthesia* ; (a) Athymia, mental torpor ; (b) Phrenoplexy.

II. CEREBRAL PALSIES.—Diseases of the cerebral ganglia involving volition. *a. Functional Volitional Palsies* ; Seat, vasomotor centres and cerebellum ? (a) Emotional palsy, consecutive to emotions ; i. Paraplegia ; ii. Aphonia ; (b) Hysterical ; (c) Diphtherial. *b. Apoplectic Palsies* ; palsies supervening suddenly, with or without abolition of the consciousness ; (a) Apoplexy, sudden loss of consciousness followed by palsy ; i. Congestive or hyperæmic ; ii. Effusive or dropsical (serous apoplexy) ; iii. Hæmorrhagic or sanguineous—(i.) As to source ; *a.* Capillary, hæmorrhage from small arteries ; *b.* Vascular (hæmorrhage from a blood-vessel) ; (ii.) As to seat ; *a.* Meningeal (from the membranes) ; *b.* Ganglionic (into cerebral substance) ; iv. Obstructive (Oligæmic and Embolismic apoplexy) ; v. *Consecutive* (sudden rupture of softened brain, etc.) ; *c. Palsy-Strokes* ; sudden palsy, with or without loss of consciousness—(a) Hemiplegia ; (b) Local palsy or Paresis ; *d. Slow Palsies*, cerebral palsies coming on insidiously and progressing slowly ; speech and instruments of ideation chiefly affected—(a) General Paresis ; i. with insanity ; ii. without insanity ; (b) Drunkards' Paralysis ; (c) Local Paresis.

III. PYRECTIC CEREBRAL NEUROSES.—Inflammations and febrile congestions of the brain and membranes ; *a. Perimeningitis*, inflammation of the dura mater, traumatic, rheumatic, syphilitic, consecutive (to otitis), hæmorrhagic (with hæmatoma) ; *b. Meningitis*, inflammation of the pia mater (and arachnoid ?), often con-

joined with inflammation of the brain-substance. Varieties, congestive, effusive, purulent, hæmorrhagic, febrile (typhus, hydrophobia, etc.), tubercular, parasitic, obstructive (from fibrin and pigment in vessels); *c. Encephalitis*, inflammation of substance of the brain, with or without meningitis. Varieties in general are progressive, circumscribed, acute, chronic, recurrent, complicated.

VII. CEREBRO-MENTAL NEUROSES.    VESANIÆ.—Encephalic diseases, disorders, and defects, involving the understanding, feelings, and conduct in general.

# THE NAMING AND CLASSIFICATION OF MENTAL DISEASES AND DEFECTS.

(VESANIÆ.)

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PRIMARY CLASSIFICATION.—The word MIND has been commonly used to indicate not only the states of feeling, thinking, and conscious action of the living man, but also the cause and seat of those states, whether he be living or dead. In the latter sense it is synonymous with soul. Without abandoning the general doctrine, I limit my inquiries to the living man, and class all his states of consciousness whatever with all other vital processes, because they are due to the same teleological cause (a mind-force \*), and take place according to the same general laws. I therefore use “mind” and “mental” to indicate conscious states of existence of man, which

\* See p. 329, and “Mind and Brain,” Part iii., vol. i.—MENTAL DYNAMICS OF TELEOLOGY.

coincide with correlative changes in the encephalon. And by the term "mental faculty" I mean knowing acts of energy or doing of the man—not of his mind. By "encephalon" I mean that part of the nervous system contained within the skull, and the seat or "organ" of the feelings and faculties.\* If these encephalic functions be either exalted, perverted, degenerate, or abolished, then the corresponding faculties and conscious states are either exalted, perverted, debased, or abolished. The encephalic or cerebro-mental neuroses thus caused and characterised by mental disorder, disease, and defect, are the VESANIÆ. The term "vesania" was first used by Linnæus to indicate "*Insania chronica, partialis tranquilla*," being a genus of his order MENTALES, and corresponding to the modern "monomania." It was subsequently used by Cullen to indicate an order which comprised both mental diseases and deficiencies, "mentis functiones læsæ, sine pyrexia, vel comate," which is nearly the modern definition of

\* I adopt "encephalon" to avoid the confusion which attaches to the word "brain," commonly used as synonymous with encephalon. In a more restricted sense it indicates the cerebrum as distinct from the cerebellum, the two being termed "the brains." But very recently a popular physiologist has used brain and cerebrum to indicate the cerebral hemispheres as well as the cerebrum proper.

insanity. I use *Vesania* to indicate the disorders and defects of the consciousness as to desiring, feeling, thinking, and acting.

All the *vesaniæ* are not, however, mental diseases in the sense of *insania*. They may be distinguished, therefore, as they are, SYMPTOMATIC, TRANSITIONAL, and IDIOPATHIC. The symptomatic *vesaniæ* accompany other diseases as part of the general symptoms, and terminate like those with the morbid state, *e.g.*, the delirium of fever, traumatic loss of memory. The transitional *vesaniæ* are those in which the morbid encephalic condition is either a transition-stage between mental health and disorder, such as the incubation-stage of acute mania; or else an ALTERNATING and transitional condition between various forms of mental disease, as between melancholia and mania.

The term *INSANIA* is applied to the idiopathic *Vesaniæ*, and indicates those which are dependent chiefly or primarily on morbid conditions of the encephalon not classed with the other neuroses, and involving the patients' social rights. This kind is often COMPLICATED, however, with the other encephalic disorders, as in the kind of mania accompanied by general paralysis, in epileptic mania, etc.



Idiopathic Vesaniæ can also be classed under the two heads of mental diseases and defects. Mental *diseases* termed INSANITAS (by some abusively termed mania) follow the order of all other diseases. They consist in changes from ordinary health to disorder, arising in a particular way, manifested by distinctive symptoms, and terminating after a definite manner. Mental *defects* are not morbid states, but consist in either abolition of the faculties or weakness and defect as to all or some, due to defects of development or of structure of the encephalon. These I name FATUITY, *Idiocy*, *Desipientia*. If mental defect be consecutive to insanity, it is termed *dementia*, *amentia*, *fatuity*, and the like; more correctly INSIPIENTIA, a privation of judgment.\*

SUBDIVISIONS OF MENTAL DISEASES AND DEFECTS.—The chief characteristics of the Vesaniæ being morbid changes manifested predominantly either by general disorder of the mind, or by particular disorder in the conduct, the feelings, or the judgment, it is easy to constitute four corresponding groups. But the differentiation of these in the form

\* Sapiencia sanitas, insipientia autem insanitas quedam.—CICERO.



of a nosological arrangement is attended with insurmountable difficulties, if the same psychological method be carried out exclusively, for that method either does not recognize the encephalic functions or ignores them, and founds its classifications upon the ever varying phenomena of consciousness alone. Its terms, in their defects and ambiguities, reflect the shifting basis upon which it is built,\* and so psychology is full of contradictions. And since these terms have been introduced into our mental nosologies, we have, as a natural consequence, the same contradictions and confusion, so that continual attempts are made at new arrangements with continual failure. Nor have the attempts at simplicity been more successful, for they are too often mere cloaks for ignorance. At best the simplicity has been attained either by naming particular kinds of disease which should be kept apart, by the same term, or else, more conveniently, by not naming them at all; and thus the chief object of a classification, namely, that it should represent our knowledge of the subject, and suggest research, is wholly abandoned. I have already indicated in what way, in my humble judgment, we should name and classify diseases for the

\* See this demonstrated in my "Mind and Brain," vol. i., p. 55.

right ends of classification, and I have endeavoured to apply the method in a threefold way to the *Vesaniæ*; aiming, in the first instance, rather at a classified index or *catalogue raisonné* of morbid mental states than an ordinary nosology of visceral diseases, which as to encephalic or mental diseases is simply impossible. Those states of the encephalon which coincide with mental diseases and defects, and which we have to classify, follow the physiological order in their development, and we must therefore follow the same order in their arrangement. Now, the law of unity of structure and function elucidates these vital states as perfectly as any other. The encephalon is nothing more than a highly differentiated series of structures in which the great laws of life and organisation, as manifested in form and function throughout the whole of living things, from the lowliest organism upwards, are writ at large, and constitute the laws of human consciousness. So that all the states of men's minds, whether they be instincts, desires, feelings, sentiments, or faculties, and whether healthy or morbid, have their correlatives, and are manifested as vital laws, in that multitudinous living world of which he is the highest evolution and differentiation. We have, therefore,

to trace these as they are evolved from below upwards, and found upon the order of development observed our nosological classification. If we combine therewith such distinctive terms as mark the seat, cause, course, predominant result, and the like, all is attained that the present state of things admits of.

*Leading Divisions.* — 1. In the teleological changes of fundamental tissues, and in the actions of the lowliest organisms, instincts and processes are manifested strictly analogous to those instincts and propensities in higher animals which are in direct relation with organs and viscera, and have for their end the protection, health, and happy continuance of the individual and the species. Now, these are predominantly exalted, perverted, debased, or abolished, in consequence of disorder or defect of the encephalic functions, and constitute a distinct order of *Vesaniæ*, which I have termed *Orectic*, or *OREXIÆ*.\* They correspond to the *Epithymiæ* of the older nosologists, and are best observed physiologically in children and the lowest animals. 2. In man and other animals there are states of consciousness termed feelings, emotions, passions, manifested

From \**Ορεξις*, *libido*, *appetitus*.

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corporeally by changes in the organs of circulation and of expression of the feelings, and associated with pleasure and pain. They are distinguished from the appetites and propensities by their connection with the reason and higher sentiments. They have always been distinguished from other states, and when predominantly morbid constitute the "emotional insanity" of writers. The phrase is both too restricted and too vague. I prefer, as more precise, to name them Thymic and *THYMIÆ*, from the word *θύμος*, by which Plato and the Greeks designated this class of conscious states, and the supposed cause. 3. In virtue of the law of evolution and differentiation, the animal instincts and appetites, and all the fundamental mental processes, expand into and culminate in the reason; a word which denotes those faculties by which man obtains, retains, and accumulates knowledge, and represents and communicates it by language. No general term has been used to express this group of mental states so comprehensive as *PHRENESIS*, popularised in "frenzy," and "phrenetic." I therefore adopt it to express the morbid states and defects of the knowing and æsthetic faculties, and designate them *PHRENIC* and *PHRENESIÆ*. All these groups may



pass into each other in morbid states, or all may be morbidly modified together. In these cases differentiating terms may be used, according as the one kind or the other is predominant. Thus, there are *Phrenesiæ* in which the animal appetites are exalted and perverted, as well as the reason overthrown. Such a condition is furious mania, or orectic phrenēsy.

CLASSIFICATION OF VESANIÆ AS TO SEAT.—In ordinary diseases we can fix upon the organs or tissues which are the seat of the disease, and we therefore endeavour to determine what particular portions of the encephalon are the seat of the physiological and pathological changes which cause mental diseases and defects. It is possible to fix in a general way upon the encephalic seat of groups of mental disorders, as, for example, those of the reason, which probably have their seat in the hemispheres. And in like manner, mental defects may be connected with variations in the form of the head and face, as indicating the extent of development of parts of the encephalon (Phrenology, Cranioscopy). But neither cerebral anatomy nor physiology enables us to specify with even an approach to accuracy,



what particular portions of the encephalon are the seats of special kinds of mental degeneration and defect. We are, in truth, ignorant of the exact mental relations of so large and elaborate a structure as the cerebellum, and as to other ganglionic structures, the neat theories of certain physiologists are wholly hypothetical. This ignorance arises from the peculiarities of structure and function of the encephalon as compared with other portions of the nervous system. While the morbid change may be purely local, the unity of action of all its parts is so great, that the entire organ is influenced thereby. And this is true even of that simple state of consciousness known as pain — whether it be corporeal or mental. Then, not only do distant nerves and centres, in virtue of the law of incident, excitor, or afferent action, induce local encephalic changes, which in their turn influence, in virtue of the same law, the whole encephalon ; but multitudinous visceral influences of the same class arise, and by acting (probably) upon the vasomotor centres of the encephalon, of which, perhaps, the cerebellum is the chief, modify the functional activity of various portions of the encephalic tissue to an incalculable extent, simply by changing the condition of

the capillary circulation and the activity of tissue-change. Add to these general causes of disease the direct influence of the blood, when defective or when the bearer of poisonous agents, and we can understand why the researches into the pathological anatomy of mental diseases are so unavailable in a classification. It is probable, indeed, that if our researches were so complete, by means of the microscope and chemical research, as to leave nothing to be desired, we should still be unable to determine what changes coincide with particular forms of disease, inasmuch as they are wholly dynamical, and leave no trace whatever. And this is the most true of the most difficult forms of insanity, namely, those which hover between health and disease.

CLASSIFICATION AS TO CAUSES.—The causes of mental diseases and defects are identical with those of nervous diseases in general. The proximate causes consist in functional changes in the fundamental tissues of the portions of encephalon involved, namely the nerve-cells and their connecting fibrils, and in the ganglia which co-ordinate and harmonize their functional activity. These changes lead to exaltation, perversion, and debase-

ment, and, finally, to abolition of function, coincidently with structural changes. They are consequent upon defective nutrient activity of the tissues, or irregular distribution of the blood, because either of defects in the vasomotor system of the encephalic organs, or of diseases of the capillaries and large vessels. Diseases of the membranes of the brain, and especially of the pia mater, must be classed amongst the more common of the less proximate causes. The exciting causes are chiefly those which influence either the nutrient activity of the vesicular neurine or the activity of the capillaries. The latter are both external and internal in their origin. The external are chiefly those which are mental stimuli, and reach the encephalon through the senses as impressions; the internal are the various so-called "sympathies," and are derived from the blood and viscera. These are very various and very numerous, because of the unifying functions of the encephalon. Hence it is that a knowledge of the physiological relations to the encephalon of the blood, and the organs and viscera, is essential to a knowledge of the pathology and treatment of mental diseases and defects. Of all the organs, the reproductive system exercises the most varied influence on the encephalon,

so that the highest feelings and faculties, as well as the lowest propensities, are modified by it. The mere difference of proportion of the constituents of the blood modifies its action on the tissues. Thus a want of water in the blood causes the feeling termed thirst, and all the other mental changes, such as delirium, which the withholding of water induces. Inordinate use of the encephalic tissues acts equally on the blood, because by that is meant increased production of cells and *vis nervosa*, and therewith waste and exhaustion of the blood-materials. Such morbid blood reacts in its turn on the tissues.

Numerous social conditions, as employments, food, drink, vices, and the like, thus interfere with the nutrition of the encephalic tissues; and either become the exciting and predisposing causes of mental diseases in the individual, or else induce such tendencies to morbid nutrition and function as is transmitted to the offspring and constitutes heredity. For heredity is nothing more than a tendency in the offspring to continue in the modes of nutrition and functional activity of the parents or ancestors, and which is the fundamental law upon which the maintenance of species and the continuance of life itself depend. Just as with new instincts and habits, so



these induced hereditary tendencies are intensified from generation to generation, if the vital conditions which began them in the parent continue to influence the offspring. And as to some, it is probable that they are intensified from generation to generation, independently of those conditions, or any of them. In this way congenital mental diseases and defects arise, known as idiocy, imbecility, weakness of mind, and privation and defect of certain faculties, and sense-organs. Age, sex, diathesis or constitution, climate, race, have all a direct predisposing influence.

CLASSIFICATION OF INSANIÆ.—The insaniæ or idiopathic vesaniæ are distinguished from other vesaniæ, as well as from all other diseases, by the fact that the mental disorder, disease, or defect, renders the patient incapable of judging or acting fitly for himself, his family, or society. He is both individually and socially disabled in mind. This disability, which forms so leading a part of the phenomena of the insaniæ as to require special notice in any classification, is manifested in very different degrees of completeness according to the extent, causes, and intensity of the encephalic disease or defect out of which it arises. Hence no definition



of insanity as a disablement, rigidly applicable to all cases, or even applicable to the same case in successive stages, is possible. We may, however, class the insanix in a few leading groups. 1. When an individual, either from excessive exaltation of the instincts and propensities congenitally, or consecutively to disease, or from palsy of the inhibiting structures, has no proper perception of consequences, or none of the antagonistic feelings and faculties, and thus is incapable of self-control and moral sense, and commits crimes or practises vices, he manifests immoral (not "moral") and criminal imbecility. 2. His knowing faculties may be unaffected, and he desires to restrain his morbidly vicious and criminal propensities, but cannot. This is impulsive insanity; it is termed "uncontrollable impulse," when the orectic acts are suddenly committed, and the disease is in truth a sort of mental epilepsy. 3. His instinctive desires and his acts may be both morbid, but his higher sentiments and faculties may be unaffected, and yet too weak to control his acts. This is what has been termed *folie lucide*, and moral insanity; it would be more correctly designated immoral or vicious. 4. Every thought, or particular processes or trains of thought, may be morbid, and

accompanied by that encephalic change which causes mental pleasure or pain, as in melancholia. This is *emotional* or *pathetic* insanity. 5. There may be neither morbid feeling, nor morbid desires, nor motor impulses, but hallucinations and delusions as to things and events, and which guide the patient's conduct. These are simply erroneous ideas, due to encephalic disease or disorder of encephalic function, of which he cannot detect the error, because memory is palsied, and there is either no reminiscence of his past experience, or no power of comparison of the present with the past, so that his delusions may be corrected, and true knowledge attained. This is termed NOTIONAL INSANITY. 6. Notional insanity may differ as it is partial or general. If general, then, all notions are constantly varying and incoherent, and the actions purposeless or irrational. The person thus affected is said to be out of his mind. This is ECPHRONIA (Mason Good), and includes mania, or "universal insania," and delirium. 7. But, if partial, there are "fixed" ideas or notions—not always occupying the mind—but recurring always in the same order, and uncorrected by reminiscence or comparison with the present. The changes in particular portions of the ideagenic tissue affected are out of relation to those

in all other portions—are self-included, as it were; and thus that exact co-ordinate action in thought and will of all parts of the encephalon which constitutes mental soundness may be abolished as to a class or classes of actions, leaving others unaffected. These are known as “MONOMANIAS.” 8. Fixed ideas may take possession of the man and influence the conduct, although these may have originated in no disorder or disease, properly so called, but caused simply, like illusions from strong impressions on the senses, by over-excitement of that portion of encephalic tissue, due to excessive or long-continued mental activity about the same class of ideas. This state I have termed **ENTHYMIA**. The subjects of it are known as enthusiasts, fanatics, and the like. These and other morbid mental states recur periodically, there being intervals of mental health, or alternate with each other, or pass into each other. Thus the enthyimia of the fanatic is apt to pass into mania, and this into dementia, so that the enthyimic condition is but the first stage of the affection, the end of which is abolition of the mental faculties. Not uncommonly the disease is arrested at some one of its stages, and becomes a permanent imbecility, eccentricity, or

chronic mania, requiring, however, its own name, like all other stages, and which is MORIA.

The insanix, like all other neuroses, differ according as the motor (kinetic) or sensorial (ideagenic) elements of the encephalon are involved. In the purely impulsive class, the motor are the seat of change, so that they are strictly analogous to the encephalic, convulsive hyperkinesix, I term vasomotor (see Nosology of Neuroses, p. 350). But when both kinds of tissues are affected, the changes in the ideagenic or sensory portion do not necessarily stand in the relation of cause to those in the motor portion and the consequent actions, as is generally believed, but both are due to a common cause. For example, it is not the feeling of pain or a painful sensation which makes an animal writhe when painfully injured, but those encephalic changes which cause the feeling of pain, and which extend their influence to the motor centres of the limbs and trunk. In every volition, whether it be to move, to restrain movement, or to regulate, things are the same. It is the man who makes the effort of will, not his consciousness of willing, which is a state coincident with evolution of force. Hence it happens that all those actions which indicate states of consciousness may



and do occur independently of consciousness—are cerebral reflex actions,\* strictly analogous to spinal, sympathetic, or vasomotor reflex actions. And hence arises an important difference in practice between actions and feelings, volitions and thoughts. We cannot observe the latter, only the former; and consequently, can never as certainly know that a man is conscious at the time he performs certain actions, as that the actions are performed. We may infer the consciousness, but the inference is open to doubt; or we may be told of it by the only observer, the man himself. Doubtless, in the vast majority of instances, his evidence, when in health, is reliable, if he be not feigning; but it may be, and often is, wholly fallacious in disease. For a man to know with absolute certainty, at a given present moment, whether he was conscious or unconscious at a certain past moment, an encephalic change coinciding with a reminiscence is necessary; but the reminiscence itself depends upon the fact whether certain encephalic changes coinciding with an act of memory, or of the conservative faculty (memniscence), had taken place, whereby reminiscence is alone possible. In practice this is not an

\* See *Appendix* to "Mind and Brain," vol. ii.



uncommon thing. Thus, a person with senile dementia will suffer severe pain, as indicated by his writhings, groans, and expressions, but in a short time afterwards will deny that he suffered pain at all. So persons operated upon surgically, when under the influence of chloroform, will scream or shout as if suffering pain, yet when restored to ordinary consciousness, will deny that they felt pain. It is impossible in such cases to say whether pain was felt or not, for the denial may be an error due to want of memory or reminiscence, or may be the truth, and the cry expressive of pain may have been purely automatic. The same difficulties surround the expression of the knowledge of external things, and of right and wrong in criminal cases. Any man in stating what he has seen and felt, states really what is in accordance with his encephalic changes; so that whether his statements be true or not, depends upon the correspondence between those changes and the external conditions which induced them. But by a faculty known as imagination, encephalic changes arise which have no correspondence with external things; and when these are morbidly produced, delusions and hallucinations as to events arise which have no more foundation in truth than

the more simple illusions of the senses, or mere phantoms. The physiological type of these sensorial changes is in dreaming; and morbid dreaming, or PARONEIRIA, is therefore fitly placed amongst the transitional Vesaniæ.

SUMMARY.—The rules which, according to the preceding views, should guide us in naming and classifying mental diseases and defects may be thus stated:—

1. To include all modifications of the consciousness which are generally classed as mental under the term.
2. To consider them as all alike dependent on changes in which the whole of the organ involved—the encephalon—participates, but with a predominant manifestation of change of function as to a particular portion or portions of the organ.
3. To differentiate these manifestations of predominant morbid states by the same rules and according to the same methods (the psychological) as are adopted generally for the differentiation of predominant healthy states.
4. To distinguish the various states pathologically according to their origin, course, and causes.
5. To mark out such as are symptomatic only, or do not disable the individual personally or socially as to his will and judgment, from those which do.
6. To

correlate in a nosological arrangement the psychological and pathological facts through the physiological or biological, and to this end trace up the differentiation of the encephalon and of its functions as the organ of consciousness, through the correlative evolutions in lower organisms and in lower stages of development, according to the principles and method I have already laid down and in part worked out.\* In this way the practical ends which should be secured in all classifications (laid down in Lecture VIII.), will, in my humble judgment, be best attained both as to healthy and morbid mind.

#### NOSOLOGIES AND INDEXES OF MENTAL DISEASES AND DEFECTS (VESANIÆ).

##### I. PSYCHOLOGICAL NOSOLOGY AND INDEX OF THE VESANIÆ.

The Vesaniæ are encephalic nervous diseases, characterised by mental disorder, disease, or defect.

1. SYMPTOMATIC V. Mental disorders and defects associated with other diseases, as symptoms.
2. TRANSITIONAL V. Mental disorders which constitute the transitional stages to mental diseases and defects.
3. IDIOPATHIC V. Mental diseases and defects

\* See "Principles of a Scientific Psychology," "Mental Physiology," and "Mental Organology," in my "Mind and Brain; or the Correlations of Consciousness and Organisation," vol. ii.

which disable the person as to his self-control and his conduct, individually and socially. Are of two kinds, Insanity and Fatuity.

A. INSANITY (*insania, insanitas*). Disabling mental disease consecutive to ordinary mental health, not necessarily continuous or permanent, nor dependent on irremovable encephalic lesion. The forms may be classed as they are psychological (according to symptoms), or pathological (according to causes and course).

1. Psychological varieties of Insanity.

I. ORECTIC INSANITY.—Morbid appetites, instincts, and propensities predominantly manifested. 1. *Harmless*, in regard to the individual and society. 2. *Vicious and criminal*. a. *Impulsive and uncontrollable*—mental epilepsy; b. *Continuous*, immoral insanity, criminal lunacy, “moral” insanity; (a) *Selfish*, or *pleasure-seeking* (Edonic); (b) *Unprescient*, or imbecile.

II. THYMIC INSANITY.—Morbid feelings and sentiments predominant. 1. *Enthymic*, Notions and feelings manifested, as fixed antipathies, prejudices, and strong convictions, not necessarily delusive, but with morbid selfness. 2. *Eathymic*, Delusive and exaggerated notions and morbid selfness, with feelings of satisfaction or happiness. 3. *Lypethymic* (λύπη, grief), Delusive or exaggerated anxiety, fears, regrets, and apprehensions (Lypemania, melancholia, tristimania, Phrenalgia). 4. *Athymic*, Morbid apathy of feeling and sentiment. 5. *Phrenic*, Morbid selfness and delusive egoistic ideas, with defective intellect, but no predominant changes as to pleasure or pain (*Moria*, Egoistic insanity, *Monomania*).

III. PHRENIC INSANITY.—Derangement or defect of the intellect and understanding. 1. *Ecphronia*, “Out of his mind,” total derangement. *a. Morbid dreaming, Paroneiria*; *b. Delirium* (Symptomatic *Ecphronia*); *c. Mania*, Total derangement of the faculties, with excessive volitional activity; (*a*) *Orectic Mania*, with the appetites and propensities predominantly morbid; (*b*) *Thymic*, with predominantly morbid feelings and sentiments; i. *Euphorial*, or joyous; ii. *Phrenalgic*, or unhappy; (*c*) *Delusional*, with hallucinations and delusions predominant. *d. Notional Insanity*, Delusive ideas, usually fixed, but without excessive volitional excitement (Tranquil *Mania*). *e. Enthymic Ecphronia*, Transitional to mania, and with more or less volitional activity. *f. Insipieney, Moria*, More or less defect of the understanding consecutive to mania. *g. Sudden Ecphronia, Phrenoplexy*, Sudden total derangement or abolition of the faculties.

B. FATUITY (*Fatuitas, desipientia, Moria*).—Disabling want of understanding, or weakness of mind, not succeeding to an ordinary state of mental health, continuous, and due to encephalic defects of structure, nutrition, or development.

I. CONGENITAL FATUITY.—Encephalic defects, arising either during embryonic and intra-uterine life, or before the close of the first dentition. 1. *Complete*, or *Idiocy*, manifested by an entire want of the observing and thinking faculties; 2. *Incomplete*, or *Imbecility, Congenital Moria*, One or more of the knowing and observing faculties active; 3. *Morphous*, With defective development of the organs of the observing and



knowing faculties, the cranium, and limbs ; 4. *Theroid*, with a manifestation of brute-like characters of body and mind ; 5. *Complicated*, with spasmodic and paralytic diseases and defects.

II. CONSECUTIVE FATUITY (*Moria*, *Insapientia*).—Total deprivation of mental power, or weakness of mind consecutive to insanity and other encephalic diseases. 1. Total privation of understanding, *Amentia*, *Dementia* ; *a.* Juvenile ; *b.* Senile (Dotage) ; 2. Weakness of mind, *Moria*, consecutive *Imbecility*.

III. INSANE FATUITY—*Fatuous Insanity*.—Insanity occurring in the fatuous and weak-minded ; chiefly orectic and emotional.

2. Etiological and pathological varieties of Insanity.

I. As to course or order of symptoms.

1. *Acute*, terminating within forty days ; 2. *Chronic*, continuous for months or years ; 3. *Paroxysmal* or *transient*, occurring suddenly, and terminating completely within four days ; 4. *Recurrent*, attacks of insanity with intervals of health (lunacy) ; 5. *Alternating*, chronic insanity, with alternating variations in the symptoms ; 6. *Transitional*, insanity in which one psychological form is the transitional stage to another ; 7. *Consecutive*, when one form follows another ; 8. *Complicated*, when one or more encephalic neuroses\* constitute a part of the morbid states.

II. As to remote and predisposing causes.

1. General causes. *a.* *Heredity.* *b.* *Age* (stage of

\* See Nosology and Index of Diseases of the Nervous System, p. 350.

development), and nutrient activity (differs in the sexes); (a) *Infantile*, to end of first dentition; (b) *Juvenile*, to end of second dentition; (c) *Adolescent*, to commencing puberty; (d) *Pubescent*, to end of third dentition (wisdom teeth); (e) *Adult*; (f) *Climacteric*; (g) *Senile*.  
 c. Habits and regimen. (a) *Enthymic*, from impressive and exhausting thought, feeling, and emotion; (b) *Orectic*, from vicious propensities; i. *Dietetic* (alcohol, narcotics, bitters); ii. *Erotic*, excessive amatory excitement and pleasure; iii. *Onanistic* (including all depraved sexual excitement).

2. Pathological causes common to other morbid states, or dependent on them. a. *Pyretic*. b. *Diathetic*; (a) Strumous and Tubercular; (b) Gouty; (c) Rheumatic; (d) Atheroma (of encephalic vessels); (e) Syphilitic. c. *Blood-diseases*; (a) Retained excreta; (b) Toxæmia; (c) Cachexiæ (pellagra, etc.) d. *Diseases of the Nervous System*; \* (a) *Traumatic* (including insolation, concussion, etc.); (b) *Vasomotor Neuroses*; i. Hysteria; ii. Epilepsies; iii. Congestive seizures; iv. Cerebral palsies; v. Spinal Neuroses; vi. Nerve-diseases. e. *Peripheral influences of the Viscera* through their nerve-centres; (a) *Cutaneous*; (b) *Pneumo-gastric*; i. Lungs; ii. Heart; iii. Stomach and Duodenum; iv. Liver and Spleen; (c) *Intestinal*, Colon and Rectum; (d) *Genital*, as to sex; i. In males—Orchidial and Prostatic; ii. In females—*a. Ova-*

\* Compare Nosology of Diseases of the Nervous System.

rian ; *b.* Utero-ovarian ; *c.* Uterine ; *d.* Puerperal (utero-gestation, parturition, lactation).

## II. PHYSIOLOGICAL OR BIOLOGICAL NOSOLOGY AND INDEX OF THE VESANIÆ.

CLASS I. OREXIÆ.—Orexies, Orectic Vesaniæ, characterised by functional disorder, disease, or defect of the encephalic centres subservient to the instincts, animal desires, and propensities, and instinctive sentiments.

CLASS II. THYMIÆ.—Thymias, Thymical Vesaniæ, chiefly insaniæ, manifested by disorder, disease, or defect of the encephalic centres subservient to the feelings, emotions, passions, and sentiments.

CLASS III. PHRENESIÆ.—Phrenēsies, Phrenic Vesaniæ, chiefly insaniæ, manifested by disorder, disease, or defect of the encephalic centres subservient to the knowing and representative (or sematic) faculties.

CLASS I. OREXIES.—Morbid instincts, animal desires and propensities, manifested, as primordial instincts, in plants and animals ; connected with encephalic centres in relation with the organs and viscera of the body, and not necessarily associated with morbid states of the feelings or faculties. They are egoistic, reproductive, and social. *Seat*—Medulla oblongata, cerebellum, and posterior lobes of hemispheres ?

I. EGOISTIC OREXIES, AUTOREXIES.—Morbid states of the instincts, appetites, and desires, which aim at the maintenance of the individual in bodily health and happiness.

1. TROPICAL OR NUTRIENT OREXIES.—Morbid appetites for the primary forces, light and heat,

and for materials suitable to the production and accumulation of force. *Seat*—The posterior basilar convolutions, medulla oblongata, and cerebellum? The primordial instincts seen in plants; the fundamental intuitions are for pleasure and avoiding pain. Manifested in the maniacal and fatuous, and as symptomatic *Vesaniæ*. *a.* As to heat and light, basking (*inso-latio*); Self-stripping (*nudatio*); Self-burning; crouching, or shunning heat and light. *b.* As to food and water. Gluttony; instinctive and depraved appetites; urine drinking; sitophobia.

2. VOLITIONAL OREXIES.—Morbid instincts to energize, and morbid desires for muscular activity, and to exercise power. *Seat*—The voluntary system and the cerebellum? *a.* Restlessness, maniacal excitement, mischievous and destructive activity. *b.* Out-door activity. *c.* Impulsive acts. *d.* Habitual actions; attitudinizing, gyrating, etc. *e.* Motionless apathy, volitional indecision. Seen as uncontrollable impulses, etc.

3. CONSERVATIVE OR BIOTIC OREXIES.—Morbid manifestations for continuous and happy existence ("Love of life"). Intuitions prescient; manifested as growth and contractility in plants. *Seat*—Medulla oblongata, cerebellum, and posterior basilar convolutions? *a.* Anxiety as to disease and death. *b.* Poltroonery, insane cunning and timidity (hysterical, homicidal). *c.* Horror (fear of the mysterious); impulsive suicide, self-mutilation. *d.* Imbecile recklessness, apathetic indifference. Seen in mania, melancholia, dementia, and as uncontrollable impulses.

4. PERSONAL OREXIES—*Emorexies*.—Morbid selfness as to “me” and “mine,” with fundamental intuitions of self, person, and property. *Seat*—The lateral and vertical convolutions?

- a. *Decorative*.—Instincts for cleanliness and sweetness. Seen as Decorative Moria—*Adonis-mania*—vain, erotic, or warlike—Love of scents. Insane neglect of person, and filthiness.
- b. *Acquisitive*.—Instincts and propensities to acquire and accumulate nutrient or constructive materials, or attractive, glittering things. Intuitions prescient. Seen as insane acquisitiveness, kleptomania, violent robbery, “magpie” instinct, hoarding, sordid avarice, insane mendicancy.

II. REPRODUCTIVE OREXIES.—Morbid manifestations of the instincts and appetites which secure reproduction and protection of the offspring, and dependent on the morbid action of the reproductive organs and their sympathetic centres on the encephalic centres. *Seat*—The medulla oblongata, cerebellum, and supra-cerebellar convolutions of the posterior lobes? The influence of the reproductive organs varies in the two sexes, and extends differently in each to the egoistic instincts, so as to modify them in favour of the offspring into philoprogenitive instincts. The trophical or nutrient are predominantly modified in the female, the conservative and volitional predominantly in the male; the decorative with warlike impulse in the male, with desire to attract in the female. The acquisitive and constructive are modified in both sexes by the reproductive organs.

The reproductive instincts thus developed and



modified are differentiated into the social orexies, and through them into the domestic and social sentiments, passions, and emotions.

1. *Erotic Orexies, Erorexies*.—Morbid manifestations of the sexual instinct (union of the sexes), having for its object the integration of the sperm-cell, and germ-cell, and dependent on the evolution of the genetic glands, or on the condition of their nerve-centres. Normally, the male seeks the female.
  - a. *Exaltation*.—Masculine : (a) Decorative and strutting Moria ; (b) Satyriasis. Feminine : (a) Hysteric Modesty ; (b) Erotic Hysteria ; (c) Nymphomania.
  - b. *Perversion*.—In the male, or in both sexes : (a) Precocity ; (b) Senile Pruriency ; (c) Manustrupatio ; (d) Proctorexia (Sodomy and Pæderastia) ; (e) Bestiality.
  - c. *Abolition, Anaphrodisia*.—(a) Impotence ; (b) Misogynia ; (c) Viragoism.
2. *PHILOPROGENITIVE OREXIES*.—Instincts for the nutrition, protection, and defence of the young, morbidly manifested.
  - a. *MATERNAL OREXIES*.—1. *Nutrient and protective*. (a) *Exaltation* : i. Morbid maternal anxiety ; (b) *Perversion* : i. *Pæderexy*, Insane instinct for nursing children, dolls, etc. ; ii. *Zoorex*y, Morbid impulse or folly for pet animals (cats, etc.) (c) *Abolition, Astorgia* : Apathy for offspring (in suckling women).
  2. *Defensive*. (a) *Exaltation* : i. Morbid cunning : a. Hysterical ; b. Fatuous ; ii. Cunning mischief (Pyromania, etc.) ; iii. Cunning ferocity ; iv. Cunning murder : (b) *Perversion and abolition* : i. Morbid dislike to children ; ii. Infanticide.

3. DOMESTIC OR FAMILY OREXIES.\*—Morbid instincts and instinctive feelings of the sexes and their offspring when united in a family. *a. Conjugal*; (*a*) Doting fondness; (*b*) Insane jealousy; (*c*) Conjugal antipathy; (*d*) Erotic cruelty (in males); (*e*) Cunning hate (in females). *b. Filial and fraternal*; Abolition of instinct of family union (moral imbecility in youth).

III. SOCIAL OREXIES.—Exaltation, perversion, or abolition of the instincts and instinctive sentiments of human society. The analogous instincts are manifested by gregarious and constructive animals (chiefly insects and vertebrates), and being differentiated into the social feelings, sentiments, and acts of man, when morbid, constitute a transitional group to the thymical *vesaniæ* and *insaniæ*.

IV. SENSUAL OR EDONIC† OREXIES.—Insane voluptuousness and pursuit of animal or orectic gratification. Usually selfish, with moral imbecility, deficient prescience, and defective family and social instincts and sentiments. *Vicious Insanity. Synonyms*: Moral insanity, *folie lucide*, *manie sans delire*.

1. *Sensorial edonic Orexies*.—Insane appetites for excitements of sensorial changes ("stimulants"). *a. Alcoholic Stimulants*: *Oinomania*. (*a*) Dietetic; (*b*) Paroxysmal; (*c*) Maniacal; (*d*) Symptomatic. *b. Narcotic Stimulants*: Opium, tobacco, Indian hemp, betel-nut, etc. *c. Bitter*

\* "Mind and Brain," vol. ii., part iv. chap. 9, and part v. chap. 8.

† ἡδονή, pleasure.

*nervines*: Hop, wormwood (in Sirop d'Absinthe), gentian, etc., in dram "bitters." *d. Scents*.

2. *Decorative*: *Adonisia* (Adonis vanity). Morbid extravagance in dress and decoration.
3. *Erotic*: Erotic licentiousness.

V. ORECTIC INSANITY.—*Immoral* or *Vicious Insanity*. General manifestation of morbid or degraded impulses, appetites, and instincts; the manifestation varying in character as to the causes. 1. *Infantile*: "Lucid mania," or vicious insanity in young children, with precocious audacity, sexuality, acquisitiveness, etc. 2. *Juvenile and adolescent*: *a.* In young males; *b.* in young females. 3. *Alcoholic*: Vicious insanity from habitual drunkenness. 4. *Traumatic*: After wounds to the head, insolation, concussion, etc. 5. *Epileptic*. 6. *Imbecile* (coincident with congenital or induced fatuity). 7. *Senile*: Vicious insanity in the aged, usually erotic.

CLASS II. THYMIÆ.—*Thymias*. *Thymic Insanity*. *Moria*. Mental diseases and defects predominantly involving the feelings, emotions, and sentiments, with morbid delusions or delusive ideas as to "me" and "mine;" but not necessarily with complete or general disorder or defect of the knowing faculties. *Seat*—The ideagenic or sensorial substance of the cerebellum and hemispheres?

- I. ENTHYMIA. — Transitional or symptomatic morbidity of the feelings and temper, manifested as exalted selfness, with fixed antipathies, prejudices, and convictions, not necessarily delusive, but usually erroneous, and leading to eccentricity or folly. *a. Emotional*,

induced by violent impressions ; *b. Enthusiastic* (devotedness to particular ideas and phenomena) ; *c. Thaumaturgic or mystic* ; *d. Superstitious* ; *e. Artificial* (mesmeric, electro-biological, etc.)

II. EUTHYMIA.—Insanity characterised by morbid exaltation of the self-feelings, and by delusive pride, self-esteem, and satisfaction. *a. Euphoria*: Delusive satisfaction as to bodily health and well-being. *b. Chærothymia*: Insane joyousness, hopefulness, and general satisfaction. *c. Pædiethymia*: Insane jocoseness and playfulness. *d. Superbia*: Insane pride and self-esteem as to personal qualities, bodily strength, rank, wealth, and success. (*a*) *Maniacal* ; (*b*) *Paralytic*, with general paralysis ; (*c*) *Edonic*, with insane gratification of pleasurable desires ; (*d*) *Decorative*, with insane decoration of person ; (*e*) *Enthymic*, with weakness of judgment, but no marked defect in understanding.

III. LYPETHYMIA.—*Melancholia*. Insanity characterized by morbid humility as to self, and by fear, terror, remorse, grief, and anxiety, as to “me” and “mine.”

1. *General Lypethymia* or *Melancholia*. *a. Acute* ;  
*b. Transitional* to, or alternating with, mania ;  
*c. Chronic* ; *d. Paroxysmal*.
2. *Orectic Lypethymia* or *Melancholia*, with predominant modifications of the instincts and instinctive feelings : *a. Sitophobia* ; *b. Self-mutilating* ;  
*c. Suicidal* ; *d. Homicidal* ; *e. Domesticidal* ; *f. Akinetic*, with loss of volitional energy : (*a*) *Melancholia attonita* (motionless M.) ; (*b*) *Cataleptic* : i. general, ii. partial (of the neck-muscles).

(c) Mute melancholy ; (d) Wandering or restless (*melancholia errabunda*).

3. *Notional Lypethymia* or *Melancholia*.—Lypethymia with depressing delusions and notions as to the past, present, and future ; often with hallucinations. i. *Hypochondriacal* : With delusions as to bodily diseases and defects. a. *Dysphoria*, a general delusive feeling of ill-health. b. *Hypochondrias*, delusions as to state of viscera and limbs. c. *Sexual*, delusions as to reproductive power and state of sexual organs : (a) Pubescent ; (b) Suggestive ; (c) Onanistic ; (d) Syphiliphobia. ii. *Social* : a. Misogynia ; b. Erotic longing (erotomania in females) ; c. Home-longing (nostalgia) ; d. Domestic (as to wife and children) ; e. Political ; f. Misanthropic ; g. Suspecting and accusing ; h. Aggressive and morose. These are transitional to mania and dementia.

4. *Enthymic Lypethymia* or *Melancholia*. Delusions arising from dwelling on abstract ideas as to mysterious and dreadful agencies and “the invisible world.” a. Zoanthropia ; b. Demoniacal possession ; c. Dread of witches, magnetizing, vampyres, etc. ; d. Demonophobia ; e. Self-accusing (“religious” melancholia) ; f. Thaumaturgic (“spiritualistic” insanity).

IV. *ATHYMIA*.—Abolition of power of feeling, and of the feelings. 1. Symptomatic (of other Thymiaë). 2. Acute apathetic dementia (“Phrenoplexy”). 3. Apathetic fatuity.



V. PHRENIC THYMIA. MORIA.—*Egoistic insanity; social insanity, monomania; folie; manie raisonnée.* Morbid sentiments as to self, and delusive egoistic notions and incongruous ideas with enfeebled judgment, but without violence of conduct or morbidly predominant appetites, passions, or feelings. Allied to *Euthymia*.  
 1. *Premonitory and Symptomatic*: *a.* Maniacal transitional moria (preceding mania); *b.* Fatuous transitional moria, preceding dementia. 2. *Consecutive*, succeeding to lypethymia, mania, or dementia. 3. *Congenital (Imbecility)*. 4. *Monomoria*: One idea or class of ideas predominant. *Psychological varieties*:  
*a.* Personally vain and coquettish; *b.* Erotic; *c.* Joyous, benevolent, and affable; *d.* Avaricious; *e.* Aggressive and abusive (*Thersites moria*); *f.* Libellous and accusing; *g.* Astute and mischievous; *h.* Ambitious and proud; *i.* Inventive, scheming, and lavish; *j.* Literary (the “fools of literature”); *k.* Political; *l.* Loquacious and argumentative. These often pass into recurrent and chronic mania.

CLASS III. PHRENESIE.—*Phrenesies.* *Vesaniæ* characterized by exaltation, perversion, degradation, or abolition of the intellectual powers.

1. COGNITIVE OR KNOWING PHRENESIES. Affections of the knowing desires and faculties.

I. ORECTIC COGNITIVE PHRENESIES. The apprehending faculties and desires. 1. *Curiosity; inquisitiveness.* *a.* As to *facts and things* present. Morbid inquisitiveness. *b.* As to *qualities and powers.* Wonder; desire to know hidden causes, the mysterious, invisible, abstract, and superstitious. *Thanmaturgic Phrenesies.* *c.* As

to *events*, Desires to know the past and the future. Morbid states most commonly *enthymic* (as “medium-ism,” fanaticism, etc.)

2. *Doubt and desire for certainty* (verification). *a.* Morbid incredulity or unbelief.\* *b.* Indecision as to opinions. *c.* Disputatiousness. *d.* Insane credulity, delusive certainty (delusions). These states are not unfrequently *enthymic* or hereditary in their origin, and premonitory to mania, moria, or thymia.

II. APPREHENDING COGNITIVE PHRENESIES.—Morbid states of the active faculties comprised under ATTENTION. *Seat*—The nerves of the senses, their ganglia, and ideational centres. Associated with sensations.

1. *Objective attention and perception*.† *Seat*—The ganglionic centres which co-ordinate the muscles of accommodation of the senses, and the sense-nerves and nerve-centres. (Ganglionic centres in the medulla oblongata, cerebellum, tubercula quadrigemina, and optic thalami ?) *a.* Hysterical hyperæsthesia ; *b.* Clairvoyance ; *c.* Quickness of observation ; *d.* Maniacal susceptibility ; *e.* Reverie and absence of mind ; *f.* Somnambulism ; *g.* *Paræsthesiæ* of cerebral nerves and hallucinations.‡

2. *Ideational Phrenesies*.—Disorders of the percep-

\* See Rush “On Diseases of the Mind,” 5th Edition, chap. 11, “Of Derangement of the Principle of Faith, or the Believing Faculty.”

† “Mind and Brain,” vol. i. p. 143 ; vol. ii. p. 96.

‡ See “Cerebral Neuroses,” in the Nosology and Index of Diseases of the Nervous System.

tions, ideas, and thoughts generally, from defect in attention, perception, memory, and comparison. *Seat*—The cerebral (and cerebellar ?) hemispheres. *a.* Ludicrous comparisons ; *b.* Continuous ideation (*Agrypnia* or sleeplessness) ; *c.* Incoherent ideation ; (*a*) Delirious ; (*b*) Maniacal ; (*c*) Fatuous ; *d.* Hallucinations and delusions ; (*a*) As waking-dreaming (delirium) ; (*b*) As morbid sleep-dreaming (*Paroneiria*) ; (*c*) As insanity.

III. MNEMONIC PHRENESIES.—Morbid states of the conservative and reproductive faculties (memory and recollection).\*

1. Of *memory as the conservative faculty: Memniscence.* Morbid production of mnemonic tendencies or memories proper ("deep impressions," "fixed ideas"). *a.* Enthymic ; *b.* Emotional ; *c.* Hysterical or hyperæsthetic ; *d.* Maniacal.
2. Of *memory as the reproductive faculty: Reminiscence.* Morbid excitement of memories. *a.* Of ancestral memories (*reminiscent atavism*) ; *b.* Of unconsciously acquired memories ; *c.* Paroxysmal reminiscence ; *d.* Senile, pathological, maniacal, reminiscence. (Reproduction of memories long passed, with abolished memniscence).
3. Of *both memory and recollection.* Memory in the general sense. *a.* General defect, *Amnesia.* *b.* Partial defect, *dysmnnesia* : (*a*) As to things ; (*b*) As to events. *c.* Total abolition, *oblivion.*

\* "Mind and Brain," vol. i. p. 144 ; vol. ii. p. 67.

IV. MORBID IMAGINATIONS.—Presentative faculty. Morbid states of the faculty of placing notions of things and events (not feelings) before the consciousness as objects. *Hallucinations*, or delusions as to persons and things. *a. Percipient*, real external things transformed into hallucinations. *b. Reminiscent*, spectral memories. *c. Prescient*, prophetic dreams and visions ; anticipations of events transformed into hallucinations. *d. Æsthetic*, hallucinations of music, poetry, etc.

V. MORBID INTUITIONS (of Cognitive Faculties).—Exaltation, defect, or abolition of fundamental intuitions and their derivative notions. 1. Of the “*concrete Ego*,” and notion of *personal identity*. *a.* Double and triple personality. *b.* Loss of personal identity ; metamorphosis of self (abolition of personal identity). *c.* As to states of person : (*a*) Size of body or limbs ; (*b*) Place and direction of body in space ; (*c*) Condition of limbs and bodily organs. 2. *Of the special knowing faculties.* Delusive notions founded on morbid intuitions of the sciences.\*

2. VOLITIONAL OR EXECUTIVE PHRENESIES.—Morbidity states of the volitional faculties, which represent perceptions, conceptions, notions, imaginations, and sentiments, by signs and symbols, or in form, colour, and sound.

I. As to *intuitive notions*, or intuitions correlating form, colour, and sound ; namely, unity, duality, bisection as antagonism, symmetry, multiplicity and infinity, repetition (rhythmical and geometrical).

\* Compare “*Mind and Brain*,” vol. ii., part 4, chap. 8, “*Fundamental Intuitions as Scientific Ideas or Causal Ideas of the Sciences.*”

- II. As to *intuitive sentiments*. 1. The IDEAL : Geometrical harmony of form, sound, and colour. 2. The PLEASING : (Evolved out of the instincts and instinctive feelings). *a.* Ludicrous (mental titillation) ; *b.* Monstrous or terrible ; *c.* Gigantesque or powerful ; *d.* Picturesque or sympathetic ; *e.* Mystic, or the abstract and imaginary as to cause and order of things ("the invisible world").
- III. As to *execution*, by the limbs, tongue, and respiratory organs. 1. *Volitional*, with consciousness. 2. *Automatic* (as to writing, speech, music, dancing). 3. *Imitative*. These executive faculties are exalted, degraded to the level of those of savage or semi-civilized nations and of children, or abolished, in ecphronia and fatuity, and in various forms of enthymia as Medium-ism, Mesmerism, Hysteria, Clairvoyance, Enthusiasm. Being motor faculties, their actions follow the laws of all motor neuroses, and may and do occur independently of conscious volition or ideation.





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